FORM D

Type of Filing:

1219167

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



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SEC USE ONLY

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THOMSON FINANCIAL

NOTICE OF SALE OF SECURITIES Prefix Serial PURSUANT TO REGULATION D. CDATE RECEIVED SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPÆÓN 500. Name of Offering (check if this is an amendment and name has changed, and indicate change.) DYNAMIC Domestic Fund L.P. Limited Partnership Interests Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 **⊠** Rule 506 ULOE Section 4(6) New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) DYNAMIC Domestic Fund L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 1270 Avenue of the Americas, Suite 1904, New York, NY 10020 (212) 246-9000 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Private Investment Fund Type of Business Organization

other (please specify):

X Actual Estimated

DE

GENERAL INSTRUCTIONS

Actual or Estimated Date of Incorporation or Organization:

Jurisdiction of Incorporation or Organization:

corporation

business trust

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

CN for Canada; FN for foreign jurisdiction)

Year

02

(Enter two-letter U.S. Postal Service abbreviation for State:

Month

12

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549.

limited partnership, already formed

limited partnership, to be formed

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;

| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | |
|---|-----------------|----------------------------|-----------------------------|-------------------|--------------------------------------|--|--|--|--|
| Each general and managing partner of partnership issuers. | | | | | | | | | |
| Check Box(es) that Apply: *General Partner | Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | ☐ General and/or Managing Partner | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| DYNAMIC Capital Par | rtners LLC | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| 1270 Avenue of the Americas, Suite 1904, New York, NY 10020 | | | | | | | | | |
| Check Box(es) that Apply: * Managing Member of | | Beneficial Owner Partner | ☐ Executive Officer | ☐ Director | ★General and/or Managing Partner | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Hayek, Camille | | | | | | | | | |
| Business or Residence Addr | ess (Number an | d Street, City, State, Zip | Code) | | | | | | |
| 1270 Avenue of the Americas, Suite 1904, New York, NY 10020 | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner | | | | |
| Full Name (Last name first, | if individual) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | |
| Full Name (Last name first, | if individual) | | | | | | | | |
| Business or Residence Addr | ress (Number an | d Street, City, State, Zip | Code) | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | |
| Full Name (Last name first, | if individual) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | |
| Full Name (Last name first, | if individual) | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| | (Use b | lank sheet, or copy and u | se additional copies of thi | s sheet, as neces | sary.) | | | | |

| | | | | |] | B. INFOR | MATION | ABOUT | OFFERI | NG | | | | | |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---|---|------------------------------|-------------|-------|
| B. INFORMATION ABOUT OFFERING 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | | Yes | No ⊠ | | | | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual * (the General Partner may, in its sole discretion reduce the size of a minimum purchase) | | | | | | | | | | \$ <u>1,000,000</u> | <u> *</u> | | | | |
| | | | - | | | | | - | • | | | | | Yes | No |
| <i>J. D</i> 0 | es the on | ering perii | at joint ow | nership or | a single a | 1111. | | | •••••• | *************** | *************************************** | *************************************** | | \boxtimes | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | | | | | | | | |
| Full Nar | ne (Last r | name first, | if individu | al) | | | | | | | | | | | |
| Busines | or Resid | lence Addi | ress (Numb | er and Str | eet, City, S | State, Zip (| Code) | | | | | | | | - |
| Name of | Associat | ed Broker | or Dealer | | | | | | | | | | | | |
| States in | Which P | erson List | ed Has Sol | icited or In | ntends to S | Solicit Purc | chasers | | | | | | | | - |
| | (Check | "All State | s" or check | individua | ıl States) | ••••• | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | •••••• | | 🗌 Ali S | tates |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Full Nar | ne (Last r | ame first, | if individu | al) | | | | | | | | | | | |
| Business | or Resid | ence Addı | ess (Numb | er and Str | eet, City, S | State, Zip (| Code) | | | | | | | | |
| Name of | Associat | ed Broker | or Dealer | | | | | | | | | | | | |
| States in | Which P | erson List | ed Has Sol | icited or I | ntends to S | Solicit Purc | chasers | | <u>-</u> | | | | | | |
| | (Check | "All State | s" or check | individua | ıl States) | | | | | | •••••• | | | 🗌 All S | tates |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |
| Full Nar | ne (Last r | ame first, | if individu | al) | | | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | , | | | | | | | |
| Name of Associated Broker or Dealer | | | | | | | | | | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers | | | | | | | | | | | | | | | |
| (Check "All States" or check individual States) | | | | | | | | 🗌 Ali S | tates | | | | | | |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | | |

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| 100 | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES | S AND USE OF PROCEEI | OS. |
|-----|--|-----------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | | \$7,200,000 |
| | | \$200,000,000 | |
| | Other (Specify) | \$ | \$ |
| | Total | \$200,000,000 | \$7,200,000 |
| | Answer also in Appendix, Column 3, if filing Under ULOE | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number Investors | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | 3 | \$ <u>7,200,000</u> |
| | Non-accredited Investors | | \$ |
| | Total (for filings Under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4 if filing under ULOE | | |
| 3. | If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | |
| | Type of offering | Type of Security | Dollar Amount Sold |
| | Rule 505 | | \$ |
| | Regulation A | | \$ |
| | Rule 504 | | \$ |
| | Total | | \$ |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | | |
| | Printing and Engraving Costs | | |
| | Legal Fees | | |
| | Accounting Fees | | |
| | Engineering Fees. | | |
| | Sales Commissions (Specify finder's fees separately) | | |
| | Other Expenses (identify) | | 2 |

| | f Signer (Print or Type) le Hayek | Title of Signer (Print or Type) Managing Member of DYNAMIC Capital Partners LLC, the General Partner | | | | | |
|--|--|---|--|-------------------------|--|--|--|
| | Print or Type) MIC Domestic Fund L.P. | Signature Auge | Date 7612 / 2009 |)) | | | |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. | | | | | | | |
| D. FEDERAL SIGNATURE | | | | | | | |
| | Total Payments Listed (column totals added) | | - | | | | |
| | Column Totals | □ \$ | ⊠ \$ <u>199,980,000</u> | | | | |
| | Other (specify) Investment Capital | | <u>\$</u> | ⊠ \$ <u>199,980,000</u> | | | |
| | Working capital | \$ | \$ | | | | |
| | Repayment of indebtedness | \$ | S | | | | |
| | Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger) | for the assets | □ \$ | <u> </u> | | | |
| | Construction or leading of plant buildings and facilities | | \$ | \$ | | | |
| | Purchase, rental or leasing and installation of machinery | y and equipment | \$ | S | | | |
| | Purchase of real estate | | □ \$ | S | | | |
| | Salaries and fees | | \$ | S | | | |
| 5. | Indicate below the amount of the adjusted gross proceed proposed to be used for each of the purposes shown, purpose is not known, furnish and estimate and check the estimate. The total of the payments listed must exproceed to the issuer set forth in response to Part C - Quantum C - | eds to the issuer used or If the amount for any the box to the left of the jual the adjusted gross | Payments to Officers, Directors, & Affiliates | Payments To Others | | | |
| | b. Enter the difference between the aggregate offering to Part C - Question 1 and total expenses furnished a Question 4.a. This difference is the "adjusted gross pro | in response to Part C - | | \$199,980,000 | | | |
| | C. OFFERING PRICE, NUMBER OF I | NVESTORS, EXPENSE | ES AND USE OF PROCEE | LDS: | | | |

ATTENTION